Australia's under-funded healthcare system confronts major nursing shortages

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As the criminal policy of allowing COVID-19 to spread in Australia results in more than 1,000 cases daily, and nearly 2,000 patients dead already, the strain on the public health system continues to worsen.

The emergence of the even more infectious Omicron variant will intensify the crisis, which has seen a reported nationwide exodus of nurses from the workforce, including an estimated 20,000 this year.

That represents a loss of 5 percent of the approximately 400,000 nurses in the country, in a system that was severely understaffed even before the COVID-19 pandemic.

Particularly concerning has been the loss of intensive care unit (ICU) nurses, leading to a reduction in available ICU beds since 2020, and of nurses in aged care. Both these areas are being heavily impacted by COVID-19.

It is broadly acknowledged that the public hospital system is buckling under the pressures of the pandemic.

In a recent report, published before the Omicron variant was identified, the Australian Medical Association (AMA) anticipated that up to 2,400 hospital beds were likely to be required by COVID-19 patients on an average day in the coming six months. This would lead to even greater ambulance ramping and up to 40 percent reduced capacity for elective surgeries.

The loss of nursing staff has already resulted in 12,000 vacancies nationally, forcing some hospitals to close entire wards. According to Australian College of Nursing chief executive Kylie Ward, the worst shortages were to be found in critical care (ICU and emergency departments), maternity, mental health and aged care wards.

Many of the nurses resigning are experienced staff who are necessary for the training of junior nurses and new graduates, thus affecting the capacity of the healthcare system to grow and train the workforce.

The horrific conditions that hospital and aged care staff have been subjected to since March 2020 are undoubtedly a driving cause of resignations. Like their counterparts internationally, Australian health workers have been subjected to hugely increased workloads, absence of proper PPE, exposure to COVID, and traumatic situations and patient deaths in hospitals overwhelmed by infected patients.

New South Wales (NSW) emergency department (ED) nurse Hannah told the Australian Broadcasting Corporation (ABC): "At times we have had 70 people in the [emergency] department, ambulances ramped for hours, COVID patients sitting in the waiting room exposing people… we still don't have [staff] ratios that are safe. And people die. And that's why I'm leaving nursing."

Steph, an ICU nurse in the southern state of Victoria noted: "My workplace is making staff look after patients with equipment they have no training for. When you raise these issues with management you're met with a look that says 'stop being difficult and just do it.'"

In comments posted to an ABC article on declining ICU nurse numbers, one health worker wrote: "The covid crisis simply magnified the contempt with which NSW health treats all of its staff. They endlessly send out 'are you OK?' emails when all of our stress is related to understaffing and under-resourcing. We are dehumanised and not listened to as experts when we raise issues … we are forbidden to talk to the media. In the end people just burn out and leave."

While the burden of COVID-19 cases has thus far been primarily limited to the populous states of NSW and Victoria, staffing shortages and deteriorating work

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conditions are leading to burnout and resignations in all states and territories. Amy, an ED nurse from Queensland, reported: “We work understaffed every shift in our ED and are at capacity every day. Most nurses will complete double shifts (16 to 18 hours) so we can safely provide patient care. We are extremely burnt out.”

Such experiences were corroborated in a Monash University study, which estimated that as many as 40 percent of healthcare workers in Victoria had developed post-traumatic stress syndrome (PTSD) by the end of last year as a result of the COVID-19 waves in that state.

Despite the brutality and challenges of their work, nurses are the most poorly-paid professional workers, with a median annual salary less than $80,000 in Sydney, one of the most expensive cities in the world.

The resignations are not limited to only nurses. Surveys indicate that one-fifth of frontline and emergency services workers are considering quitting their current jobs. While exhaustion and burnout from COVID-related workloads are an immediate cause, ultimately the situation confronting health workers is due to persistent attacks on health workers and public health over decades, perpetrated by Labor and Liberal-National governments alike.

Health workers raised opposition to unsafe staffing levels for years before the pandemic. Last year, prior to the Delta outbreaks, nurses and other workers in NSW and Victoria launched multiple strikes, each of which was isolated and betrayed by trade unions collaborating with governments and health employers.

In 2014, a government-commissioned Health Workforce Australia (HWA) report warned that the country would confront a shortage of 85,000 nurses by 2025, and 123,000 by 2030. HWA was abolished in the same year by the Liberal-National Coalition government, with no assessment of staffing levels conducted since. With tacit assistance from the Labor and Greens opposition, the Coalition also pushed through $50 billion of cuts in hospital funding that year.

The previous Labor governments under Rudd then Gillard introduced so-called “national efficient prices,” by which public hospitals would be funded only for current levels of activity on the basis of “efficiency.” That gives them no capacity to anticipate population increases or deal with complexity in patients, who are growing older and sicker on average.

No state government has increased public hospital funding and infrastructure in real terms since the start of the pandemic. Instead they have frozen or capped the wages of health workers and allowed hospital capacity decreases, elective surgery waiting list blowouts and ambulance ramping to continue.

In an attempt to deflect mounting public hostility, state governments, feigning poverty, recently issued public calls for additional funds from the federal government, a proposal that Prime Minister Scott Morrison immediately rejected.

The refusal to increase healthcare funding is in line with government opposition to measures designed to stem the pandemic. This is a bipartisan policy, driven by the dictates of finance and corporations for the exploitation of the working class to intensify.

The Global Workers’ Inquest into the COVID-19 Pandemic, initiated by the *World Socialist Web Site*, will probe and lay bare these policies.

The ruling class and its government servants will persist in these murderous policies, even with more dangerous variants. That is why we call on workers in Australia and internationally to fight for the formation of rank-and-file committees in hospitals and all workplaces. By these means, the working class can institute the only scientific and moral course of action—the elimination of COVID.

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